



49585

Form ID

# Australasian Colorectal Cancer Family Study

This study is part of the Cooperative Family Registry for Colorectal Cancer Studies, and is funded by the National Institutes of Health (USA).

## Instructions

All questions where there is a choice or a numerical response require you to fill in the bubble. Numeric responses should also be written in the boxes above the columns of bubbles. For example, to indicate a response of 12 the form would be filled in like the illustration to the right.

Ideally, bubbles should be filled in completely but it is more important to keep marks inside the bubble as much as possible.

Text fields should be filled in using block capitals, taking care to keep the letters within the boxes:

E P I D E M I O L O G Y U N I T

1 2

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

## ID Number

9	9	-						-			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

## Proband

☐ Yes☐ No

## Gender

☐ Male☐ Female

## Mother's ID Number

9	9	-						-			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

## Interview Date

		<input type="radio"/> Jan	<input type="radio"/> 1998
		<input type="radio"/> Feb	<input type="radio"/> 1999
		<input type="radio"/> Mar	<input type="radio"/> 2000
		<input type="radio"/> Apr	<input type="radio"/> 2001
		<input type="radio"/> May	<input type="radio"/> 2002
		<input type="radio"/> Jun	<input type="radio"/> 2003
		<input type="radio"/> Jul	<input type="radio"/> 2004
		<input type="radio"/> Aug	<input type="radio"/> 2005
		<input type="radio"/> Sep	<input type="radio"/> 2006
		<input type="radio"/> Oct	<input type="radio"/> 2007
		<input type="radio"/> Nov	<input type="radio"/> 2008
		<input type="radio"/> Dec	<input type="radio"/> 2009

## Father's ID Number

9	9	-						-			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

## Spouse's ID Number

9	9	-						-			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

Centre for Genetic Epidemiology  
The University of Melbourne  
200 Berkeley Street  
Carlton VIC 3053



49585

Form ID

## A. Background Information

*I would like to begin by asking you some questions about your background.*

**A1. How old are you?**

years

0	0	0
1	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

☐ Don't Know

**A2. What is your date of birth?**

<input type="text"/> <input type="text"/>	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																												
<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> <tr><td></td><td>7</td></tr> <tr><td></td><td>8</td></tr> <tr><td></td><td>9</td></tr> </table>	0	0	1	1	2	2	3	3		4		5		6		7		8		9		<table border="1"> <tr><td>1</td><td>8</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>9</td><td>1</td><td>1</td></tr> <tr><td></td><td>0</td><td>2</td><td>2</td></tr> <tr><td></td><td></td><td>3</td><td>3</td></tr> <tr><td></td><td></td><td>4</td><td>4</td></tr> <tr><td></td><td></td><td>5</td><td>5</td></tr> <tr><td></td><td></td><td>6</td><td>6</td></tr> <tr><td></td><td></td><td>7</td><td>7</td></tr> <tr><td></td><td></td><td>8</td><td>8</td></tr> <tr><td></td><td></td><td>9</td><td>9</td></tr> </table>	1	8	0	0	2	9	1	1		0	2	2			3	3			4	4			5	5			6	6			7	7			8	8			9	9
0	0																																																													
1	1																																																													
2	2																																																													
3	3																																																													
	4																																																													
	5																																																													
	6																																																													
	7																																																													
	8																																																													
	9																																																													
1	8	0	0																																																											
2	9	1	1																																																											
	0	2	2																																																											
		3	3																																																											
		4	4																																																											
		5	5																																																											
		6	6																																																											
		7	7																																																											
		8	8																																																											
		9	9																																																											
Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>																																																												

**A3. Are you a twin or a triplet?**

- ☐ Yes, a twin  
☐ Yes, other multiple  
☐ No → A4.  
☐ Don't Know → A4.

**Do you have a genetically identical twin or triplet?**

Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.)

- ☐ Yes  
☐ No  
☐ Don't Know

**May we pass your name to the Australian Twin Registry?**

- ☐ Yes  
☐ No

**A4. Are you currently...**

- ☐ Married  
☐ Separated  
☐ Divorced  
☐ Widowed  
☐ Never married  
☐ Living as married  
☐ Don't Know

**A5. What was the highest level of education that you completed?**

- ☐ Primary school (some or all)  
☐ Secondary school - year 7 or year 8  
☐ Secondary school - year 9 or year 10  
☐ Secondary school - year 11 or year 12  
☐ Vocational training  
☐ University - did not graduate  
☐ University - graduated  
☐ Don't Know



49585

Form ID

**A6. In which country were you, your parents and your grandparents born?**

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bangladesh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Croatia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyprus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
England	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Egypt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Germany	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hungary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
India	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netherlands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Northern Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Zealand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philippines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sri Lanka	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown, not Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: \_\_\_\_\_

**A7. For how many years have you lived in Australia?**  years ☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**A8. In which suburb or town do you usually live?** \_\_\_\_\_Postcode:     ☐ Don't Know

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9



49585

Form ID

**A9. What is the ethnic background of you, your parents and your grandparents?**  
(Mark as many as apply)

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Caucasian/White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
African American/Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filipino/Malay/Indonesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South East Asian (except Chinese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American, Inuit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Micronesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Australian Aboriginal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carribean Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central/South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
North African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle Eastern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: \_\_\_\_\_

**A10. In which religion were you, your parents and your grandparents born?**

(Religion and ethnicity sometimes affect disease risk. Scientists have found that some genetic traits are sometimes more or less common among people of different ethnic backgrounds. We would like to know if this is true for genes associated with colorectal cancer.)

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Protestant/Anglican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latter Day Saints/Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh Day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sephardic Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashkenazi Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other or uncertain Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't Know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: \_\_\_\_\_



49585

Form ID

## B. Medical History

### B1. Medical Tests

Now I'm going to ask you some questions about medical tests you may have had.

**B1.a** Have you ever had a test for blood in your stool, called a fecal occult blood test, such as Hemoccult?

(This test is frequently done as part of a routine physical examination or it can be done at home.)

- ☐ Yes
- ☐ No → B1.b
- ☐ Don't Know → B1.b

What were the reasons for your first test?

(Mark all that apply)

- ☐ To investigate a new problem
- ☐ Family history of colorectal cancer
- ☐ Routine/yearly exam or check up
- ☐ Follow-up of a previous problem
- ☐ Other:

What was your age when you first had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

How many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

If more than one test, what was your age when you last had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**B1.b** Have you ever had a sigmoidoscopy?

(A procedure that involves looking inside the large bowel or colon and rectum, with a lighted instrument. This examination is usually done in a doctor's office without anaesthesia.)

- ☐ Yes
- ☐ No → B1.c
- ☐ Don't Know → B1.c

What were the reasons for your first test?

(Mark all that apply)

- ☐ To investigate a new problem
- ☐ Family history of colorectal cancer
- ☐ Routine/yearly exam or check up
- ☐ Follow-up of a previous problem
- ☐ Other:

What was your age when you first had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

How many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

If more than one test, what was your age when you last had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**B1.c****Have you ever had a colonoscopy?**

(Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.)

☐ Yes

☐ No → B2.

☐ Don't Know → B2.
**What were the reasons for your first test?**

(Mark all that apply)

☐ To investigate a new problem

☐ Family history of colorectal cancer

☐ Routine/yearly exam or check up

☐ Follow-up of a previous problem

☐ Other:
**What was your age when you first had this test?**
  years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know
**How many separate tests have you had?**
  tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know
**If more than one test, what was your age when you last had this test?**
  years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know
**B2. Medical History: Polyps**

*Now I'd like to ask you some questions about your medical history.*

**B2.a****Has a doctor ever told you that you had polyps in your large bowel or colon or rectum?**
☐ Yes

☐ No → B3.

☐ Don't Know → B3.
**How old were you when you were first told that you had polyps?**
  years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know
**Have you been told that you had polyps more than once?**
☐ Yes

☐ No → B2.b

☐ Don't Know → B2.b
**How old were you when you were last told that you had polyps?**
  years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know
**B2.b****Do you know if your polyps were benign, adenomatous (pre-cancerous), or something else?**  
(Mark all that apply.) (Include all the separate times you were told you had polyps.)
☐ Benign

☐ Adenomatous (sometimes called pre-cancerous)

☐ Other →

☐ Don't Know

**B2.c** Did you have the polyps removed (by a procedure called polypectomy)? (This can be done during a sigmoidoscopy or colonoscopy.)

☐ Yes

☐ No

☐ Don't Know

→ B3.

→ B3.

How old were you when you first had polyps removed?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

Have you had polyps removed more than once?

☐ Yes

☐ No

☐ Don't Know

→ B3.

→ B3.

How old were you when you last had polyps removed?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

### B3. Medical History

**B3.a**

Has a doctor ever told you that you had **familial adenomatous polyposis, known also by its initials as FAP?** (This is an inherited condition in which numerous polyps line the inside of the large bowel or colon.)

☐ Yes

☐ No

☐ Don't Know

→ B3.b

→ B3.b

Age at which your doctor first told you that you had the condition

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**B3.b**

Has a doctor ever told you that you had **Crohn's disease?** (This is where you have inflammation that extends into the deeper layers of the large bowel or colon wall. It may also affect other parts of the digestive tract, including the mouth, oesophagus, stomach and small intestine.)

☐ Yes

☐ No

☐ Don't Know

→ B3.c

→ B3.c

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**B3.c**

Has a doctor ever told you that you had **ulcerative colitis?** (This is where you have inflammation and ulceration of the lining of the large bowel or colon and rectum. It is not a stomach ulcer.)

☐ Yes

☐ No

☐ Don't Know

→ B3.d

→ B3.d

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

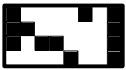
Condition	Age at which your doctor first told you that you had the condition
<b>B3.d</b> <b>Has a doctor ever told you that you had irritable bowel syndrome?</b> (This is a disorder of the large bowel or colon that leads to cramping, gassiness, bloating and alternating diarrhea and constipation. Also known as IBS.) <input type="radio"/> Yes <input type="radio"/> No → B3.e <input type="radio"/> Don't Know → B3.e	<div> <div> <div></div> <div></div> </div> <div>years</div> <div> <div>0</div><div>0</div> <div>1</div><div>1</div> <div>2</div><div>2</div> <div>3</div><div>3</div> <div>4</div><div>4</div> <div>5</div><div>5</div> <div>6</div><div>6</div> <div>7</div><div>7</div> <div>8</div><div>8</div> <div>9</div><div>9</div> </div> <div> <input type="radio"/> Don't Know         </div> </div>
<b>B3.e</b> <b>Has a doctor ever told you that you had diverticular disease?</b> (This may also be called diverticulosis or diverticulitis. It's a condition in which the large bowel or colon may become infected, and can lead to pain and chronic problems with bowel habits.) <input type="radio"/> Yes <input type="radio"/> No → B3.f <input type="radio"/> Don't Know → B3.f	<div> <div> <div></div> <div></div> </div> <div>years</div> <div> <div>0</div><div>0</div> <div>1</div><div>1</div> <div>2</div><div>2</div> <div>3</div><div>3</div> <div>4</div><div>4</div> <div>5</div><div>5</div> <div>6</div><div>6</div> <div>7</div><div>7</div> <div>8</div><div>8</div> <div>9</div><div>9</div> </div> <div> <input type="radio"/> Don't Know         </div> </div>

<b>B3.f</b> <b>Have you ever had any of your large bowel or colon removed?</b> <input type="radio"/> Yes <input type="radio"/> No → B3.g <input type="radio"/> Don't Know → B3.g	<b>Was it completely removed, or was only part of it removed ?</b> <input type="radio"/> Completely removed <input type="radio"/> Partly removed <input type="radio"/> Don't Know	<b>What was your age when you had all your bowel removed or <u>first</u> had part of your bowel removed?</b> <div> <div> <div></div> <div></div> </div> <div>years</div> <div> <div>0</div><div>0</div> <div>1</div><div>1</div> <div>2</div><div>2</div> <div>3</div><div>3</div> <div>4</div><div>4</div> <div>5</div><div>5</div> <div>6</div><div>6</div> <div>7</div><div>7</div> <div>8</div><div>8</div> <div>9</div><div>9</div> </div> <div> <input type="radio"/> Don't Know         </div> </div>
---	--	---

<b>Have you had more than one surgery to remove part of your bowel or colon?</b> <input type="radio"/> Yes <input type="radio"/> No → B3.g <input type="radio"/> Don't Know → B3.g	<b>What was your age when you <u>last</u> had part of your bowel removed?</b> <div> <div> <div></div> <div></div> </div> <div>years</div> <div> <div>0</div><div>0</div> <div>1</div><div>1</div> <div>2</div><div>2</div> <div>3</div><div>3</div> <div>4</div><div>4</div> <div>5</div><div>5</div> <div>6</div><div>6</div> <div>7</div><div>7</div> <div>8</div><div>8</div> <div>9</div><div>9</div> </div> <div> <input type="radio"/> Don't Know         </div> </div>
---	--

<b>B3.g</b> <b>Have you had your gallbladder removed?</b> <input type="radio"/> Yes <input type="radio"/> No → B3.h <input type="radio"/> Don't Know → B3.h	<b>What was your age when you had your gallbladder removed?</b> <div> <div> <div></div> <div></div> </div> <div>years</div> <div> <div>0</div><div>0</div> <div>1</div><div>1</div> <div>2</div><div>2</div> <div>3</div><div>3</div> <div>4</div><div>4</div> <div>5</div><div>5</div> <div>6</div><div>6</div> <div>7</div><div>7</div> <div>8</div><div>8</div> <div>9</div><div>9</div> </div> <div> <input type="radio"/> Don't Know         </div> </div>
--	--





49585

Form ID

B3.h

**Has a doctor ever told you that you had diabetes?** (Also known as diabetes mellitus. Do not include diabetes which you had only during pregnancy (gestational diabetes).)

- ☐ Yes  
☐ No → B3.i  
☐ Don't Know → B3.i

**How old were you when this was diagnosed?**

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Have you ever taken medication to control your diabetes?**

- ☐ Yes  
☐ Pills  
☐ Insulin injections  
☐ Both  
☐ Don't Know

- ☐ No → B3.i  
☐ Don't Know → B3.i

**How often did you take pills to control your diabetes?**

times ☐ per day  
☐ per week

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Were you taking them two years ago ?**

- ☐ Yes  
☐ No  
☐ Don't Know

**How long, in total, have you taken pills to control your diabetes?**

☐ months  
☐ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**How often did you have insulin injections to control your diabetes?**

times ☐ per day  
☐ per week

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Were you having them two years ago ?**

- ☐ Yes  
☐ No  
☐ Don't Know

**How long, in total, have you had insulin to control your diabetes?**

☐ months  
☐ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

B3.i

Has a doctor ever told you that you had high cholesterol?

☐ Yes

☐ No → B3.j

☐ Don't Know → B3.j

How old were you when this was diagnosed?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

Have you ever taken medication to control your high cholesterol?

☐ Yes

☐ No → B3.j

☐ Don't Know → B3.j

How often did you take this medication?

times ☐ per day  
☐ per week

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

Were you taking it two years ago?

☐ Yes

☐ No

☐ Don't Know

How long, in total, have you taken this medication

☐ months  
☐ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

B3.j

Has a doctor ever told you that you had high triglycerides?

(Triglycerides are a type of fat in your blood.)

☐ Yes

☐ No → B4.

☐ Don't Know → B4.

How old were you when this was diagnosed?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

Have you ever taken medication to control your high triglycerides ?

☐ Yes

☐ No → B4.

☐ Don't Know → B4.

How often did you take this medication?

times ☐ per day  
☐ per week

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

Were you taking it two years ago?

☐ Yes

☐ No

☐ Don't Know

How long, in total, have you taken this medication

☐ months  
☐ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

**B4. Cancer History**

**B4.** Has a doctor ever told you that you had cancer, leukaemia or a malignant tumour? (This may seem obvious, but for scientific reasons I need to ask this question for everyone.)

- ☐ Yes
- ☐ No → B5
- ☐ Don't Know → B5

What type of cancer was your first cancer?


Were you treated with radiation therapy (radiotherapy) for your first cancer?

- ☐ Yes
- ☐ No
- ☐ Don't Know

What was your age when your doctor first told you you had your first cancer?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

What type of cancer was your second cancer?


Were you treated with radiation therapy (radiotherapy) for your second cancer?

- ☐ Yes
- ☐ No
- ☐ Don't Know

What was your age when your doctor first told you you had your second cancer?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

**What type of cancer was your third cancer?**


**Were you treated with radiation therapy (radiotherapy) for your third cancer?**

- ☐ Yes  
☐ No  
☐ Don't Know

**What was your age when your doctor first told you you had your third cancer?**

--	--

 years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know**What type of cancer was your fourth cancer?**


**Were you treated with radiation therapy (radiotherapy) for your fourth cancer?**

- ☐ Yes  
☐ No  
☐ Don't Know

**What was your age when your doctor first told you you had your fourth cancer?**

--	--

 years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know**B5. Medication***Now I'd like to ask you some questions about medication you may have taken.*

	<b>Have you ever taken the following medications at least twice a week for a month or longer?</b>	<b>How often did you take it, when you were taking it at least twice a week for a month or longer?</b>	<b>Were you taking it at least twice a week for a month or longer <u>two years ago</u>?</b>	<b>How long, in total, have you taken this medication for at least twice a week for a month or longer?</b>																																												
<b>B5.a</b>	<b><u>aspirin</u></b> (such as Aspro, Codral Forte, Disprin, Ecotrin, Cardiprin)  <input type="radio"/> Yes <input type="radio"/> No → B5.b <input type="radio"/> Don't Know → B5.b	<table border="1"><tr><td></td><td></td></tr></table> times <input type="radio"/> per day <input type="radio"/> per week  <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr></table> <input type="radio"/> Don't Know			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1"><tr><td></td><td></td></tr></table> <input type="radio"/> months <input type="radio"/> years  <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr></table> <input type="radio"/> Don't Know			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
<b>B5.b</b>	<b><u>paracetamol</u></b> (such as Panadol, Panadeine, Panamax, Codral, Tylenol)  <input type="radio"/> Yes <input type="radio"/> No → B5.c <input type="radio"/> Don't Know → B5.c	<table border="1"><tr><td></td><td></td></tr></table> times <input type="radio"/> per day <input type="radio"/> per week  <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr></table> <input type="radio"/> Don't Know			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<table border="1"><tr><td></td><td></td></tr></table> <input type="radio"/> months <input type="radio"/> years  <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr></table> <input type="radio"/> Don't Know			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															

B5.c

Have you ever taken the following medications at least twice a week for a month or longer?

**pain killing anti-inflammatory medication**

(such as Naprosyn, Orudis, Voltaren, Brufen, Clinoril, Feldene, Indocid)

☐ Yes

☐ No → B5.d

☐ Don't Know → B5.d

How often did you take it, when you were taking it at least twice a week for a month or longer?

times ☐ per day  
☐ per week  
☐ Don't Know

Were you taking it at least twice a week for a month or longer two years ago?

☐ Yes

☐ No

☐ Don't Know

How long, in total, have you taken this medication for at least twice a week for a month or longer?

☐ months  
☐ years  
☐ Don't Know

B5.d

**bulk-forming laxatives**

(such as Metamucil, Normacol, Psyllium, Agiofibe, Granocol)

☐ Yes

☐ No → B5.e

☐ Don't Know → B5.e

times ☐ per day  
☐ per week  
☐ Don't Know

☐ Yes

☐ No

☐ Don't Know

☐ months  
☐ years  
☐ Don't Know

B5.e

**other laxatives**

(such as castor oil, cod liver oil, mineral oil, paraffin oil, milk of magnesia, Laxettes, Agarol, Agiolax, Coloxyl, Durofax, Senokot, Duphalac)

☐ Yes

☐ No → B5.f

☐ Don't Know → B5.f

times ☐ per day  
☐ per week  
☐ Don't Know

☐ Yes

☐ No

☐ Don't Know

☐ months  
☐ years  
☐ Don't Know

B5.f

**calcium-containing antacids**

(such as Tums, Gaviscon, Mylanta, Dexsal, Algicon, Amphogel, Gastrogel, Mucaïne, Meracote)

☐ Yes

☐ No → B5.g

☐ Don't Know → B5.g

times ☐ per day  
☐ per week  
☐ Don't Know

☐ Yes

☐ No

☐ Don't Know

☐ months  
☐ years  
☐ Don't Know

B5.g

Have you ever taken the following medications at least twice a week for a month or longer?

**calcium supplements**  
(such as Sandocal, Vita Glow, Caltrate, Calvita)

☐ Yes

☐ No → B5.h

☐ Don't Know → B5.h

How often did you take it, when you were taking it at least twice a week for a month or longer?

times ☐ per day  
☐ per week  
☐ Don't Know

Were you taking it at least twice a week for a month or longer two years ago?

☐ Yes

☐ No

☐ Don't Know

How long, in total, have you taken this medication for at least twice a week for a month or longer?

☐ months  
☐ years  
☐ Don't Know

B5.h

**multivitamin pills or tablets**  
(not individual vitamins)  
(such as Bioglan, Myadec, Pluravit, Supradyn))

☐ Yes

☐ No → B5.i

☐ Don't Know → B5.i

times ☐ per day  
☐ per week  
☐ Don't Know

☐ Yes

☐ No

☐ Don't Know

☐ months  
☐ years  
☐ Don't Know

B5.i

**folic acid or folate supplements**  
(such as Folic acid, Fefol)

☐ Yes

☐ No → C1.

☐ Don't Know → C1.

times ☐ per day  
☐ per week  
☐ Don't Know

☐ Yes

☐ No

☐ Don't Know

☐ months  
☐ years  
☐ Don't Know

## C. Menstruation, reproductive history, menopause

*This next series of questions are about menstruation and pregnancy.*

### C1. Menstruation

**C1.** How old were you when you had your first menstrual period?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

☐ Never had a menstrual period

### C2. Pregnancies

**C2.a** Have you ever been pregnant?

☐ Yes

☐ No

☐ Don't Know

→ C3.

→ C3.

**C2.b** How many times have you been pregnant? (Include all pregnancies including miscarriages, still births, tubal pregnancies and abortions) (If currently pregnant exclude your current pregnancy)

number of pregnancies

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

→ if 0 go to C3.

☐ Don't Know

**C2.c** How many times were you pregnant with more than one baby? (Twins, triplets, etc.)

number of pregnancies with multiples

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Never

☐ Don't Know

**C2.d** How many of your pregnancies lasted 6 months or longer?

number of pregnancies

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

→ if 0 go to C3.

☐ Don't Know

**C2.e** How many of your pregnancies resulted in live births?

number of pregnancies

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

→ if 0 go to C3.

☐ Don't Know

<p><b>C2.f</b> How old were you at your <u>first</u> live birth?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>years</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> </div> </div> <p><input type="radio"/> Don't Know</p>	<p><b>C2.g</b> How old were you at your <u>last</u> live birth?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>years</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> </div> </div> <p><input type="radio"/> Don't Know</p>
--	---

### C3. Contraceptive Use

<p><b>C3.a</b> Have you ever used birth control pills or other hormonal contraceptives (implants or injections) for at least one year?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No <span style="margin-left: 100px;">—————→ C4.</span></p> <p><input type="radio"/> Don't Know <span style="margin-left: 100px;">—————→ C4.</span></p>	<p><b>C3.c</b> Were you still using birth control pills or other hormonal contraceptives two years ago?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>
<p><b>C3.b</b> How old were you when you <u>first</u> used birth control pills or other hormonal contraceptives?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>years</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> </div> </div> <p><input type="radio"/> Don't Know</p>	<p><b>C3.d</b> In total, how long did you take birth control pills or other hormonal contraceptives?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>years</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">7</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> </div> </div> <p><input type="radio"/> Don't Know</p>

### C4. Menopause

If the answer to question C.1 was "Never had a menstrual period" go to section C5.

<p><b>C4.a</b> Have you had a menstrual period in the last 12 months? (Only menstrual bleeding is of interest. Do not include bleeding that results from hormone replacement therapy (HRT), or progesterones, progestins, or withdrawal bleeding.)</p> <p><input type="radio"/> Yes <span style="margin-left: 100px;">—————→ C5.</span></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know <span style="margin-left: 100px;">—————→ C5.</span></p>	<p><b>C4.b</b> Have your menstrual periods stopped permanently or only temporarily due to pregnancy, breastfeeding or other conditions?</p> <p><input type="radio"/> Stopped permanently</p> <p><input type="radio"/> Stopped temporarily <span style="margin-left: 100px;">—————→ C5.</span></p>
---	---





49585

Form ID

How old were you when your periods stopped permanently?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

How old were you when you first had radiation or chemotherapy?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**C4.c** Why did your menstrual periods stop?

- ☐ Natural menopause  
☐ Gynaecological surgery  
☐ Radiation or chemotherapy  
☐ Other  
☐ Don't Know

Specify: \_\_\_\_\_

How old were you when you first had (other)?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**C4.d** Have you had any gynaecological surgery? (surgery on your uterus or ovaries)

- ☐ Yes  
☐ No → C5.  
☐ Don't Know → C5.

Which of the following surgery did you have?

**Hysterectomy (uterus/womb removed)**

- ☐ Hysterectomy only  
☐ With one or part ovary  
☐ With both ovaries  
☐ Don't Know  
☐ No →  
☐ Don't Know →

How old were you when you had this surgery?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**One ovary removed in whole or part without hysterectomy**

- ☐ Yes  
☐ No →  
☐ Don't Know →

How old were you when you had this surgery?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Both ovaries removed without hysterectomy**

- ☐ Yes  
☐ No →  
☐ Don't Know →

How old were you when you had this surgery?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Other surgery**

- ☐ Yes  
☐ No → C5.  
☐ Don't Know → C5.

Specify: \_\_\_\_\_

How old were you when you had this surgery?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

## C5. Hormone Replacement Therapy

**Doctors prescribe hormone replacement therapy for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention.**

**C5.a Have you ever used a pill, patch or implant form of hormone replacement therapy?**

(Menopausal symptoms include hot flushes, sweating and depression. Please do not include hormone therapy that was prescribed for birth control; hormone therapy delivered by injections, vaginal creams or vaginal suppositories.)

- ☐ Yes
- ☐ No → C5.d
- ☐ Don't Know → C5.d

**Were you still having periods when you first took these hormones?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

**First, I will ask about oestrogen-only therapy, and then about oestrogen given in combination with progesterone (progestins). After that, I will ask about tamoxifen, raloxifene and other anti-oestrogens.**

**C5.b Were you prescribed an oestrogen-only pill or patch? (such as Premarin, Climara, Dermetril, Estigyn, Estraderm, Femtran, Menorest, Ogen, Ovestin, Prodynova.)**

- ☐ Yes
- ☐ No → C5.c
- ☐ Don't Know → C5.c

**How old were you when you first took oestrogen-only medication?**

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Were you still taking oestrogen-only medication two years ago?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

**In total, how long have you taken oestrogen-only medication?**

☐ months

☐ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**C5.c**

**Progesterone, one common brand is Provera, is frequently prescribed by doctors along with oestrogen. Have you ever taken progesterone along with oestrogen for menopause or other reasons? (such as Divina, Estracombi, Estrapak, Kliogest, Menoprem, Provelle)**

- ☐ Yes
- ☐ No → C5.d
- ☐ Don't Know → C5.d

**How old were you when you first took them?**

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Were you still taking them about two years ago?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

**In total, how long have you taken them?**

--	--

○ months

○ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

C5.d

**Have you ever taken tamoxifen, raloxifene or other anti-oestrogen medication?** (such as Tamoxen, Genox, Nolvadex, Noxiton, Tamosin)

☐ Yes

$$\bigcirc N_0 \longrightarrow D_1.$$

○ Possibly  $\rightarrow$

☐ Don't Know

I have participated in a clinical trial for tamoxifen, raloxifene or other anti-oestrogen medication

**Were you still taking them about two years ago?**

☐ Yes

☐ No

☐ Possibly

☐ Don't Know

I have participated in a clinical trial for tamoxifen, raloxifene or other anti-oestrogen medication

**In total, how long have you taken them?** (If you took more than one medication, add up together all the time you took any of these medications.)

--	--

○ months

○ years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**Did you take tamoxifen or raloxifene, or do you know what the other anti-oestrogen was?**

(mark all that apply)

☐ Tamoxifen

☐ Raloxifene

○ Other →

☐ Don't Know

[illegible]

How old were you when you first took tamoxifen, raloxifene or other anti-oestrogen medication?

--	--

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

## D. Diet

*In this next section, the questions ask how often you ate certain foods about two years ago. Would you please tell me how often per day, per week or per month you ate the following foods.*

**D1.** About two years ago, on average how often did you eat a piece or serving of fruit?

A serving of fruit is:

- \* 1 medium fresh fruit
- \* 1/2 cup of chopped, or cooked, or canned fruit
- \* 1/4 cup of dried fruit
- \* 6 ounces (200 mls or 1 glass) of fruit juice

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

☐ per day

☐ per week

☐ per month

☐ Don't Know

**D2.** About two years ago, on average how often did you eat a serving of vegetables?

A serving of vegetables is:

- \* 1 cup raw leafy vegetables
- \* 1/2 cup of other vegetables, cooked or chopped raw
- \* 6 ounces (200 mls or 1 glass) of vegetable juice

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

portions/servings

☐ per day

☐ per week

☐ per month

☐ Don't Know

### D3. Red Meat

**D3.a** About two years ago, on average how many servings of red meat (not chicken or fish) did you eat?

A serving of red meat is 2-3 ounces (60-100 grams); about the size of a deck of cards. Red meat includes beef, steak, mince, lamb, hamburger, pork, bacon, sausages and veal

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

☐ per day

☐ per week

☐ per month

☐ Did not eat red meat → D4.a

☐ Don't Know

**D3.b** About two years ago, on average how many servings of red meat did you eat that were cooked by pan-frying or fryer pan, grilling or barbequeing?

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

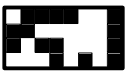
☐ per day

☐ per week

☐ per month

☐ Don't Know

☐ Did not eat red meat cooked this way → D4.a



49585

Form ID

**D3.c** About two years ago, on average when you ate red meat cooked by these methods, which of the following best describes its outside appearance?

- ☐ Lightly browned
- ☐ Medium browned
- ☐ Heavily browned/blackened
- ☐ Don't Know

About two years ago, on average when you ate red meat cooked by these methods, which of the following best describes its inside appearance?

- ☐ Red or rare
- ☐ Pink or medium
- ☐ Brown or well done
- ☐ Don't Know

#### D4. Chicken

**D4.a** About two years ago, on average how often did you eat a serving of chicken?

A serving of chicken is:

- \* 2-3 ounces of chicken meat
- \* 1 drumstick
- \* 1 thigh
- \* half a breast
- \* 2 wings
- \* 3 nuggets

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- ☐ per day
- ☐ per week
- ☐ per month

- ☐ Did not eat chicken → E1.
- ☐ Don't Know

**D4.b** About two years ago, on average how many servings of chicken did you eat that were cooked by pan-frying or fryer pan, grilling or barbequeing?

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- ☐ per day
- ☐ per week
- ☐ per month

- ☐ Did not eat chicken cooked this way
- ☐ Don't Know → E1.

**D4.c** About two years ago, on average when you ate chicken cooked by these methods, which of the following best describes its outside appearance?

- ☐ Lightly browned
- ☐ Medium browned
- ☐ Heavily browned/blackened
- ☐ Don't Know



49585

Form ID

## E. Physical Activity

The next section contains questions about your participation in a variety of physical activities during three periods of your life.

### E1. Early Adult Years

Think back to the period when you were in your 20s. I would like to know if you participated regularly in any of the following activities.

By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.

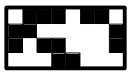
	E1. Early Adult Years	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E1.a	<b>Did you ever walk regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E1.b <input type="radio"/> Don't Know → E1.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>
E1.b	<b>Did you ever jog regularly?</b> (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E1.c <input type="radio"/> Don't Know → E1.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>2</div> <div>3</div> <div>4</div> <div>4</div> <div>5</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div>
E1.c	<b>Did you ever run regularly?</b> (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E1.d <input type="radio"/> Don't Know → E1.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>2</div> <div>3</div> <div>4</div> <div>4</div> <div>5</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div>
E1.d	<b>Did you ever cycle regularly?</b> (this includes stationary cycling)  <input type="radio"/> Yes <input type="radio"/> No → E1.e <input type="radio"/> Don't Know → E1.e	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>4</div> <div>4</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div>



49585

Form ID

	<b>E1. Early Adult Years</b>	<b>For how many years did you do this activity ?</b>	<b>For how many months of the year, on average, did you do this activity ?</b>	<b>For how many hours per week, on average, did you do this activity ?</b>
<b>E1.e</b>	<b>Do you ever swim laps regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E1.f <input type="radio"/> Don't Know → E1.f	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>
<b>E1.f</b>	<b>Did you ever play tennis, raquetball or squash regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E1.g <input type="radio"/> Don't Know → E1.g	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>
<b>E1.g</b>	<b>Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E1.h <input type="radio"/> Don't Know → E1.h	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>
<b>E1.h</b>	<b>Did you ever play football, rugby, basketball, or netball regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E1.i <input type="radio"/> Don't Know → E1.i	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>
<b>E1.i</b>	<b>Did you ever do any <u>strenuous</u> tasks in or around the house regularly?</b> This would include activites such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.  <input type="radio"/> Yes <input type="radio"/> No → E1.j <input type="radio"/> Don't Know → E1.j	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>	<div><div><div></div><div></div></div><div><div><div>0</div><div>0</div></div><div><div>1</div><div>1</div></div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div></div> <div><input type="radio"/> Don't Know</div>



49585

Form ID



## E1. Early Adult Years

**E1.j** Did you ever participate regularly in any other strenuous physical activities ? (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

### Activity 1:

[illegible]

**For how many years did you do this activity ?**

--	--

☐ Don't Know

**For how many months of the year, on average, did you do this activity ?**

--	--

☐ Don't Know

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**For how many hours per week, on average, did you do this activity ?**

--	--

☐ Don't Know

## Activity 2:

[illegible]

For how many years did you do this activity ?

--	--

☐ Don't Know

**For how many months of the year, on average, did you do this activity ?**

--	--

☐ Don't Know

**For how many hours per week, on average, did you do this activity ?**

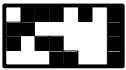
--	--

☐ Don't Know

Two vertical columns of ovals, each containing a digit from 0 to 9. The left column has a grey background, and the right column has a white background.







49585

Form ID

**E1. Early Adult Years****Activity 3:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many  
years did you  
do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many months of  
the year, on average, did  
you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many hours  
per week, on average,  
did you do this  
activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Activity 4:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many  
years did you  
do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many months of  
the year, on average, did  
you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many hours  
per week, on average,  
did you do this  
activity ?

☐ Don't Know

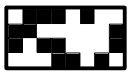
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**E1.k** In your 20s, what was your usual occupation ? ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, home duties, or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Don't Know

If subject is younger than 30, go to F1.



49585

Form ID

**E2. Midlife Years**

*Think back to your 30s and 40s. I will be asking the same series of questions about physical activities during your 30s and 40s.*

*By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.*

	<b>E2. Midlife Years</b>	<b>For how many years did you do this activity ?</b>	<b>For how many months of the year, on average, did you do this activity ?</b>	<b>For how many hours per week, on average, did you do this activity ?</b>
<b>E2.a</b>	<b>Did you ever walk regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E2.b <input type="radio"/> Don't Know → E2.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E2.b</b>	<b>Did you ever jog regularly?</b> (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E2.c <input type="radio"/> Don't Know → E2.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E2.c</b>	<b>Did you ever run regularly?</b> (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E2.d <input type="radio"/> Don't Know → E2.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E2.d</b>	<b>Did you ever cycle regularly?</b> (this includes stationary cycling)  <input type="radio"/> Yes <input type="radio"/> No → E2.e <input type="radio"/> Don't Know → E2.e	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>



49585

Form ID

E2.e

**E2. Midlife Years****Did you ever swim laps regularly?**☐ Yes☐ No → E2.f☐ Don't Know → E2.f**For how many years did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

4

5

6

7

8

9

**For how many months of the year, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

3

4

5

6

7

8

9

**For how many hours per week, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

E2.f

**Did you ever play tennis, raquetball or squash regularly?**☐ Yes☐ No → E2.g☐ Don't Know → E2.g**For how many years did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

4

5

6

7

8

9

**For how many months of the year, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

3

4

5

6

7

8

9

**For how many hours per week, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

E2.g

**Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?**☐ Yes☐ No → E2.h☐ Don't Know → E2.h**For how many years did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

4

5

6

7

8

9

**For how many months of the year, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

3

4

5

6

7

8

9

**For how many hours per week, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

E2.h

**Did you ever play football, rugby, basketball, or netball regularly?**☐ Yes☐ No → E2.i☐ Don't Know → E2.i**For how many years did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

4

5

6

7

8

9

**For how many months of the year, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

3

4

5

6

7

8

9

**For how many hours per week, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

E2.i

**Did you ever do any strenuous tasks in or around the house regularly?** This would include activities such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.☐ Yes☐ No → E2.j☐ Don't Know → E2.j**For how many years did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

4

5

6

7

8

9

**For how many months of the year, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

3

4

5

6

7

8

9

**For how many hours per week, on average, did you do this activity ?**☐ Don't Know

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

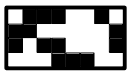
7

8

8

9

9



49585

Form ID



## E2. Midlife Years

**E2.j** Did you ever participate regularly in any other strenuous physical activities ? (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

### Activity 1:

[illegible]

For how many years did you do this activity ?

--	--

☐ Don't Know

**For how many months of the year, on average, did you do this activity ?**

--	--

☐ Don't Know

**For how many hours per week, on average, did you do this activity ?**

--	--

☐ Don't Know

## Activity 2:

[illegible]

For how many years did you do this activity ?

--	--

☐ Don't Know

**For how many months of the year, on average, did you do this activity ?**

--	--

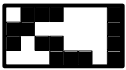
☐ Don't Know

**For how many hours per week, on average, did you do this activity ?**

--	--

☐ Don't Know





49585

Form ID

**E2. Midlife Years****Activity 3:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many  
years did you  
do this activity ?

  ☐ Don't Know

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

For how many months of  
the year, on average, did  
you do this activity ?

  ☐ Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours  
per week, on average,  
did you do this  
activity ?

  ☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Activity 4:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many  
years did you  
do this activity ?

  ☐ Don't Know

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

For how many months of  
the year, on average, did  
you do this activity ?

  ☐ Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours  
per week, on average,  
did you do this  
activity ?

  ☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

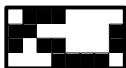
**E2.k**

**In your 30s and 40s, what was your usual occupation ?** ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, homeduties or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Don't Know

If subject is younger than 50, go to F1.



49585

Form ID

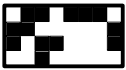
**E3. Older Ages**

Now I will ask you to think about activities you have participated in since you turned 50.

By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.

	<b>E3. Older Ages</b>	<b>For how many years did you do this activity ?</b>	<b>For how many months of the year, on average, did you do this activity ?</b>	<b>For how many hours per week, on average, did you do this activity ?</b>
<b>E3.a</b>	<b>Did you ever walk regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No → E3.b <input type="radio"/> Don't Know → E3.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.b</b>	<b>Did you ever jog regularly?</b> (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E3.c <input type="radio"/> Don't Know → E3.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.c</b>	<b>Did you ever run regularly?</b> (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes)  <input type="radio"/> Yes <input type="radio"/> No → E3.d <input type="radio"/> Don't Know → E3.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.d</b>	<b>Did you ever cycle regularly?</b> (this includes stationary cycling)  <input type="radio"/> Yes <input type="radio"/> No → E3.e <input type="radio"/> Don't Know → E3.e	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>

	<b>E3. Older Ages</b>	<b>For how many years did you do this activity ?</b>	<b>For how many months of the year, on average, did you do this activity ?</b>	<b>For how many hours per week, on average, did you do this activity ?</b>
<b>E3.e</b>	<b>Do you ever swim laps regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No —————→ E3.f <input type="radio"/> Don't Know —————→ E3.f	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.f</b>	<b>Did you ever play tennis, raquetball or squash regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No —————→ E3.g <input type="radio"/> Don't Know —————→ E3.g	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.g</b>	<b>Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?</b>  <input type="radio"/> Yes <input type="radio"/> No —————→ E3.h <input type="radio"/> Don't Know —————→ E3.h	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.h</b>	<b>Did you ever play football, rugby, basketball, or netball regularly ?</b>  <input type="radio"/> Yes <input type="radio"/> No —————→ E3.i <input type="radio"/> Don't Know —————→ E3.i	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>
<b>E3.i</b>	<b>Did you do any strenuous tasks in or around the house regularly ?</b> This would include activities such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.  <input type="radio"/> Yes <input type="radio"/> No —————→ E3.j <input type="radio"/> Don't Know —————→ E3.j	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <div>0 0</div> <div>1 1</div> <div>2 2</div> <div>3 3</div> <div>4 4</div> <div>5 5</div> <div>6 6</div> <div>7 7</div> <div>8 8</div> <div>9 9</div>



49585

**E3. Older Ages**

**E3.j** Did you ever participate regularly in any other strenuous physical activities ? (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

**Activity 1:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

☐ Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Activity 2:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

☐ Don't Know

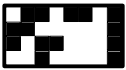
0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9





49585

Form ID

**E3. Older Ages****Activity 3:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**For how many years did you do this activity ?**

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

**For how many months of the year, on average, did you do this activity ?**

☐ Don't Know

0	0
1	1
	2
	3
	4
	5
	6
	7
	8
	9

**For how many hours per week, on average, did you do this activity ?**

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Activity 4:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**For how many years did you do this activity ?**

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

**For how many months of the year, on average, did you do this activity ?**

☐ Don't Know

0	0
1	1
	2
	3
	4
	5
	6
	7
	8
	9

**For how many hours per week, on average, did you do this activity ?**

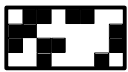
☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**E3.k Since you turned 50, what was your usual occupation ?** ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, home duties or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Don't Know



49585

Form ID

## F. Alcohol Consumption

The next set of questions are about alcohol consumption during three periods of your life.

### F1. Early Adult Years

Think back to the period when you were in your 20s

**F1.** During the period when you were in your 20s, did you ever consume any alcoholic beverages ? (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails )

☐ Yes

☐ No

☐ Don't Know

→ F2.

→ F2.

Now I will ask you questions about specific beverages.

	In your 20s, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
<b>F1.a</b>	<b>Beer - Full Strength</b> <input type="radio"/> Yes <input type="radio"/> No → F1.b <input type="radio"/> Don't Know → F1.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
<b>F1.b</b>	<b>Beer - Low Alcohol (light)</b> <input type="radio"/> Yes <input type="radio"/> No → F1.c <input type="radio"/> Don't Know → F1.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
<b>F1.c</b>	<b>Wine or cider</b> <input type="radio"/> Yes <input type="radio"/> No → F1.d <input type="radio"/> Don't Know → F1.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Small Bottles <input type="radio"/> Bottles <input type="radio"/> Casks or Flagons	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
<b>F1.d</b>	<b>Spirits</b> <input type="radio"/> Yes <input type="radio"/> No → F2. <input type="radio"/> Don't Know → F2.	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Shots/Glasses <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know

If younger than age 30, go to Section G.



49585

Form ID

**F2. Midlife Years***Think back to the period when you were in your 30s and 40s.***F1.** During the period when you were in your 30s and 40s, did you ever consume any alcoholic beverages ? (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails )☐ Yes☐ No☐ Don't Know

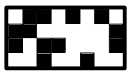
F3.

F3.

**Now I will ask you some questions about specific beverages**

	In your 20s, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
<b>F2.a</b>	<b>Beer - Full Strength</b> <input type="radio"/> Yes <input type="radio"/> No → F2.b <input type="radio"/> Don't Know → F2.b	<div> <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Glasses  <input type="radio"/> Pots  <input type="radio"/> Stubbies  <input type="radio"/> Cans  <input type="radio"/> Bottles           </div>	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<div> <input type="text"/> <input type="text"/> <input type="radio"/> months  <input type="text"/> <input type="text"/> <input type="radio"/> years           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Don't Know           </div>
<b>F2.b</b>	<b>Beer - Low Alcohol (light)</b> <input type="radio"/> Yes <input type="radio"/> No → F2.c <input type="radio"/> Don't Know → F2.c	<div> <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Glasses  <input type="radio"/> Pots  <input type="radio"/> Stubbies  <input type="radio"/> Cans  <input type="radio"/> Bottles           </div>	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<div> <input type="text"/> <input type="text"/> <input type="radio"/> months  <input type="text"/> <input type="text"/> <input type="radio"/> years           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Don't Know           </div>
<b>F2.c</b>	<b>Wine or cider</b> <input type="radio"/> Yes <input type="radio"/> No → F2.d <input type="radio"/> Don't Know → F2.d	<div> <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Glasses  <input type="radio"/> Small Bottles  <input type="radio"/> Bottles  <input type="radio"/> Casks or Flagons           </div>	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<div> <input type="text"/> <input type="text"/> <input type="radio"/> months  <input type="text"/> <input type="text"/> <input type="radio"/> years           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Don't Know           </div>
<b>F2.d</b>	<b>Spirits</b> <input type="radio"/> Yes <input type="radio"/> No → F3. <input type="radio"/> Don't Know → F3.	<div> <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Shots/Glasses  <input type="radio"/> Cans  <input type="radio"/> Bottles           </div>	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<div> <input type="text"/> <input type="text"/> <input type="radio"/> months  <input type="text"/> <input type="text"/> <input type="radio"/> years           </div> <div> <input type="text"/> 0 <input type="text"/> 0  <input type="text"/> 1 <input type="text"/> 1  <input type="text"/> 2 <input type="text"/> 2  <input type="text"/> 3 <input type="text"/> 3  <input type="text"/> 4 <input type="text"/> 4  <input type="text"/> 5 <input type="text"/> 5  <input type="text"/> 6 <input type="text"/> 6  <input type="text"/> 7 <input type="text"/> 7  <input type="text"/> 8 <input type="text"/> 8  <input type="text"/> 9 <input type="text"/> 9           </div> <div> <input type="radio"/> Don't Know           </div>

**If younger than age 50, go to Section G.**



49585

Form ID

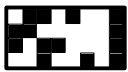
**F3. Older Ages****Think back to the period since you turned 50.****F3. Since turning 50, have you ever consumed any alcoholic beverages ?** (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails )☐ Yes☐ No☐ Don't Know

→ Section G

→ Section G

**Now I will ask you some questions about specific beverages**

	Since turning 50, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
<b>F3.a</b>	<b>Beer - Full Strength</b> <input type="radio"/> Yes <input type="radio"/> No → F3.b <input type="radio"/> Don't Know → F3.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="text"/> <input type="text"/> <input type="radio"/> Glasses <input type="text"/> <input type="text"/> <input type="radio"/> Pots <input type="text"/> <input type="text"/> <input type="radio"/> Stubbies <input type="text"/> <input type="text"/> <input type="radio"/> Cans <input type="text"/> <input type="text"/> <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="text"/> <input type="text"/> <input type="radio"/> years <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know
<b>F3.b</b>	<b>Beer - Low Alcohol (light)</b> <input type="radio"/> Yes <input type="radio"/> No → F3.c <input type="radio"/> Don't Know → F3.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="text"/> <input type="text"/> <input type="radio"/> Glasses <input type="text"/> <input type="text"/> <input type="radio"/> Pots <input type="text"/> <input type="text"/> <input type="radio"/> Stubbies <input type="text"/> <input type="text"/> <input type="radio"/> Cans <input type="text"/> <input type="text"/> <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="text"/> <input type="text"/> <input type="radio"/> years <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know
<b>F3.c</b>	<b>Wine or cider</b> <input type="radio"/> Yes <input type="radio"/> No → F3.d <input type="radio"/> Don't Know → F3.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="text"/> <input type="text"/> <input type="radio"/> Glasses <input type="text"/> <input type="text"/> <input type="radio"/> Small Bottles <input type="text"/> <input type="text"/> <input type="radio"/> Bottles <input type="text"/> <input type="text"/> <input type="radio"/> Casks or Flagons	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="text"/> <input type="text"/> <input type="radio"/> years <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know
<b>F3.d</b>	<b>Spirits</b> <input type="radio"/> Yes <input type="radio"/> No → G.1 <input type="radio"/> Don't Know → G.1	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="text"/> <input type="text"/> <input type="radio"/> Shots/Glasses <input type="text"/> <input type="text"/> <input type="radio"/> Cans <input type="text"/> <input type="text"/> <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="text"/> <input type="text"/> <input type="radio"/> years <input type="text"/> <input type="text"/> <input type="radio"/> Don't Know



49585

Form ID

## G. Smoking

Now I'd like to ask you a few questions about your use of tobacco.

### G1. Cigarettes

**G1.a** Have you ever smoked a cigarette a day for 3 months or longer ?

- ☐ Yes  
☐ No → G2.a  
☐ Don't Know → G2.a

**G1.b** At what age did you first start smoking at least one cigarette per day for 3 months or longer ?

years of age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**G1.c** During periods when you smoked regularly, on average how many cigarettes did you typically smoke in a day?

cigarettes per day

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

☐ Don't Know

**G1.d** About two years ago were you smoking at least one cigarette a day ?

- ☐ Yes  
☐ No  
☐ Don't Know

**G1.e** Do you currently smoke at least one cigarette a day ?

- ☐ Yes → G1.g  
☐ No  
☐ Don't Know

**G1.f** When did you last quit smoking regularly ? (One cigarette a day for 3 months or longer)

age in years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**G1.g** How many years in total did you smoke at least one cigarette per day for 3 months or longer? (If you have stopped and restarted at least once, count only the time when you were smoking)

total number of years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

**G2. Cigars or Pipes**

**G2.a** Have you ever smoked at least one cigar or one pipe per month for at least 3 months ?

- ☐ Yes
- ☐ No → Section H1.
- ☐ Don't Know → Section H1.

**Did you smoke cigars or pipes or both ?**

- ☐ Cigars
- ☐ Pipes
- ☐ Both

**G2.b** At what age did you first start smoking at least one (cigars or pipes) per month for 3 months or longer ?

years of age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

**G2.c** During periods when you smoked regularly, on average how many (cigars or pipes) did you typically smoke in a month ?

cigars or pipes per month

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

☐ Don't Know

**G2.d** About two years ago were you smoking at least one (cigar or pipe) a month ?

- ☐ Yes
- ☐ No
- ☐ Don't Know

**G2.e** Do you currently smoke at least one (cigar or pipe) a month ?

- ☐ Yes → G2.g
- ☐ No
- ☐ Don't Know

**G2.f** When did you last quit smoking regularly ? (One cigar or one pipe per month for 3 months or longer)

age in years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

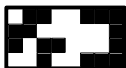
☐ Don't Know

**G2.g** How many years in total did you smoke at least one cigar or one pipe per month for 3 months or longer ? (If you have stopped and restarted at least once, count only the time when you were smoking)

total number of years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know



49585

Form ID

## H. Height and Weight

The next set of questions are about your height and weight

**H1.** How tall are you currently without shoes on?

 feet

AND

 inches

OR

 cm

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0  
1 1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

☐ Don't Know

**H2.** How tall were you when you were 20 years old?

 feet

AND

 inches

OR

 cm

0  
1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0  
1 1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

☐ Don't Know

**H3.** What is your current weight ?

 stone

AND

 pounds

OR

 kg

0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9

☐ Don't Know

0 0  
1 1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

☐ Don't Know

**H4.** What was your weight two years ago ?

 stone

AND

 pounds

OR

 kg

0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9

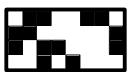
☐ Don't Know

0 0  
1 1  
2  
3  
4  
5  
6  
7  
8  
9

☐ Don't Know

0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6 6  
7 7 7  
8 8 8  
9 9 9

☐ Don't Know



49585

Form ID

**H5.** What was your weight when you were 20 years old ?

stone

AND

pounds

OR

kg

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Don't Know

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

☐ Don't Know

## I. Other

**I1.** Have you or your family participated in other research studies of familial cancer, or attended a cancer family clinic ?

☐ No☐ Yes (specify)

---

---

---

---

**I2.** Have you any comments, or information, that you think we should have asked about ?

---

---

---

---





--	--	--

- ☐ Face-to-face at the respondents home
- ☐ Face-to-face at another place
- ☐ By mail self-completed questionnaire
- ☐ By telephone
- ☐ Other

[illegible]

☐ Yes

☐ No

--	--	--

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9